

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2010**  
Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning , and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization: **Defeat Diabetes Foundation, Inc.**  
Doing Business As  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
**150-153rd Avenue 300**  
City or town, state or country, and ZIP + 4  
**Madeira Beach FL 33708**

**D** Employer identification number: **59-3027985**

**E** Telephone number: **727-391-5050**

**G** Gross receipts \$: **2,329,840**

**F** Name and address of principal officer: **Jerald Y. Mandell, Treasurer**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.DEFEATDIABETES.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1991**

**M** State of legal domicile: **FL**

**H(c)** Group exemption number ▶

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**The prevention, early identification and effective self-management of the global epidemic, diabetes. We work with individuals and organizations worldwide through our awareness, interactive and assistance programs.**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a): **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b): **4**

**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a): **3**

**6** Total number of volunteers (estimate if necessary): **100**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

**7b** Net unrelated business taxable income from Form 990-T, line 34: **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,052,285</b>	<b>2,292,680</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,228</b>	<b>37,160</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,061,513</b>	<b>2,329,840</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>1,327,700</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>85,590</b>	<b>85,230</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>838,125</b>	<b>795,849</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>212,395</b>	<b>162,659</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,136,110</b>	<b>2,371,438</b>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>-74,597</b>	<b>-41,598</b>
<b>20</b> Total assets (Part X, line 16)	<b>420,020</b>	<b>459,629</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>855,911</b>	<b>938,118</b>
<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>-435,891</b>	<b>-478,489</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *J Mandell* Date: **6/20/2011**  
**Jerald Y. Mandell** Treasurer  
Type or print name and title

Print/Type preparer's name: **Michael McDowell, CPA** Preparer's signature: *Michael L McDowell CPA* Date: **06/21/11** Check ☐ if self-employed PTIN: **P00152511**

Firm's name: **Stapleton, Johnson & McDowell, PA** Firm's EIN: **59-2256943**  
Firm's address: **915 Meadowlawn Drive North Saint Petersburg, FL 33702** Phone no: **727-381-1699**



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<b>X</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>X</b>	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

☐ Yes ☒ No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 10	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 3	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>5a</b>	X
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5b</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>	
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>6a</b>	X
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6b</b>	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>7a</b>	X
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7c</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7d</b> 8	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7e</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7f</b>	X
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7g</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7h</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>8</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>9a</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9b</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>10a</b>	
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>10b</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>11a</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:	<b>11b</b>	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>12a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>12b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:	<b>13a</b>	
<b>a</b> Gross income from members or shareholders.	<b>13b</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>13c</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>14a</b>	X
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>14b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b> Enter the amount of reserves on hand.		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>6</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>4</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>X</b>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IA, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Jerald Y. Mandell** **150 - 153rd Avenue, Suite 300**  
**Madeira Beach** **FL 33708** **727-391-5050**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Clarence E. Center, Jr. Director	2.00	X						0	0	0
(2) Stephen J. Leone Director	2.00	X						0	0	0
(3) Andrew P. Mandell President	40.00			X				20,800	0	5,987
(4) Jerald Y. Mandell Treasurer	40.00			X				20,800	0	3,146
(5) Nowell Z. Bloomenthal VP	2.00			X				0	0	0
(6) Bruce J. Share Secretary	4.00			X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								<b>41,600</b>		<b>9,133</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>41,600</b>		<b>9,133</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Newport Creative Consulting 33 Railroad Ave Duxbury MA 02332 Direct Mail		269,985
The Campaign Center 189 S Wellwood Ave, Ste B Lindenhurst NY 11757 Telemarketer		119,675

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>2,292,680</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f		<b>\$ 1,332,173</b>			
<b>h Total. Add lines 1a-1f</b>			<b>2,292,680</b>			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> List Rentals			<b>33,853</b>		<b>33,853</b>	
<b>b</b> Website Acknowledgement			<b>2,550</b>		<b>2,550</b>	
<b>c</b> Processing Fee			<b>757</b>		<b>757</b>	
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d			<b>37,160</b>			
<b>12</b> Total revenue. See instructions			<b>2,329,840</b>	<b>0</b>	<b>0</b>	<b>37,160</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,327,700	1,327,700		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	41,600	23,465	15,600	2,535
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,800	20,600	200	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	18,524	14,989	2,805	730
10 Payroll taxes	4,306	3,041	1,090	175
11 Fees for services (non-employees)				
a Management				
b Legal	541		541	
c Accounting	9,500		9,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17	795,849			795,849
f Investment management fees				
g Other	67,054	61,503	5,400	151
12 Advertising and promotion	2,164	30	534	1,600
13 Office expenses	16,332	8,022	8,310	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,198		12,198	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,193	15,527	488	1,178
23 Insurance	6,385		6,385	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a Telephone & Internet	8,785	5,890	2,895	
b Banking & Caging	8,627		4,997	3,630
c Taxes, Licenses & Permits	3,673		3,670	3
d Medical Supplies	3,117	3,117		
e Automobile Expense	2,370	2,269	101	
f All other expenses	4,720	2,678	818	1,224
25 Total functional expenses. Add lines 1 through 24f	2,371,438	1,488,831	75,532	807,075
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	7,449	1	25,325
	2 Savings and temporary cash investments	475	2	475
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	39,710	4	75,636
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,540	8	1,569
	9 Prepaid expenses and deferred charges	680	9	650
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 554,436		
	b Less accumulated depreciation	10b 201,462	370,166	10c 352,974
	11 Investments—publicly traded securities		11	3,000
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	420,020	16	459,629	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	252,703	17	289,546
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	431,000	22	431,000
	23 Secured mortgages and notes payable to unrelated third parties	10,000	23	10,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	162,208	25	207,572
	26 <b>Total liabilities.</b> Add lines 17 through 25	855,911	26	938,118
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	-435,891	27	-478,489
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	-435,891	33	-478,489	
34 <b>Total liabilities and net assets/fund balances</b>	420,020	34	459,629	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,329,840</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,371,438</b>
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	<b>-41,598</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>-435,891</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	<b>-1,000</b>
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	<b>-478,489</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>		<b>X</b>
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**Defeat Diabetes Foundation, Inc.**

Employer identification number

**59-3027985****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,378,723	1,159,142	5,735,147	1,052,285	2,292,680	11,617,977
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,469	17,274	13,639	1,831		40,213
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513				6,260	37,160	43,420
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,386,192	1,176,416	5,748,786	1,060,376	2,329,840	11,701,610
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						11,701,610

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	1,386,192	1,176,416	5,748,786	1,060,376	2,329,840	11,701,610
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,347	22	239			1,608
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,347	22	239			1,608
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,387,539	1,176,438	5,749,025	1,060,376	2,329,840	11,703,218
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	99.93 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Employer identification number

**Defeat Diabetes Foundation, Inc.****59-3027985****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,285		80,285
b Buildings		315,103	45,448	269,655
c Leasehold improvements				
d Equipment		19,175	19,161	14
e Other		139,873	136,853	3,020
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				352,974

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>Deferred Officer Compensation</b>	<b>193,677</b>
(3) <b>Accrued Salaries &amp; Wages</b>	<b>13,895</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>207,572</b>

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,329,840
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,371,438
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-41,598
4	Net unrealized gains (losses) on investments	4	-1,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	-1,000
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-42,598

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,328,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,000
3	Subtract line 2e from line 1	3	2,329,840
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,329,840

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,371,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,371,438
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,371,438

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information (continued)

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No 1545-0047

**2010**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

**Defeat Diabetes Foundation, Inc.**

Employer identification number

**59-3027985****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Sub-total</b>					
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			<b>Zacapa, GT</b>	<b>Medical Supplies</b>			<b>1,327,700</b>	<b>Medical Supply</b>	<b>FMV</b>
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲**3 Enter total number of other organizations or entities **▲**

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No



**Part V Supplemental Information**

Complete this part to provide the information required in Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open To Public  
Inspection

Name of the organization

**Defeat Diabetes Foundation, Inc.**

Employer identification number

**59-3027985****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☐ Solicitation of non-government grants
- b ☒ Internet and email solicitations f ☐ Solicitation of government grants
- c ☒ Phone solicitations g ☐ Special fundraising events
- d ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> Newport Creative Consulting 33 Railroad Ave. Duxbury MA 02332	Mail		X	290,207	269,985	20,222
The Campaign Center <b>2</b> 189 S. Wellwood Ave, Ste B Lindenhurst NY 11757	Telemarket	X		148,323	119,675	28,648
Outreach Calling <b>3</b> 200 S. Virginia St. Reno NV 89501	Telemarket	X		98,868	84,038	14,830
Preferred Community Services <b>4</b> 5656 W. 74th St. Indianapolis IN 46278	Telemarket	X		75,283	60,410	14,873
Capital District Callers <b>5</b> 395 Saratoga Road Scotia NY 12302	Telemarket	X		93,876	51,765	42,111
Lino's <b>6</b> 15402 Rosewood Drive Clive IA 50325	Telemarket	X		49,158	39,326	9,832
Debbie Lopez <b>7</b> 4921 Grape Arbor Lane Lansing MI 48917	Telemarket	X		45,016	36,013	9,003
Ron Doddy & Associates <b>8</b> 1005 Woodside Ave, Suite 2 Essexville MI 48732	Telemarket	X		38,445	30,756	7,689
Jadent, Inc. <b>9</b> PO Box 881 Salem OR 97308	Telemarket	X		37,488	30,212	7,276
Douglas L. Schipper <b>10</b> 1698 Lake Ct. Haslett MI 48840	Telemarket	X		15,453	12,362	3,091
<b>Total</b>				<b>892,117</b>	<b>734,542</b>	<b>157,575</b>

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from  
registration or licensing**All states**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary: Add lines 4 through 9 in column (d)				
11 Net income summary: Combine line 3, column (d), and line 10				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	
7 Direct expense summary: Add lines 2 through 5 in column (d)				
8 Net gaming income summary: Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Sch G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement

The Campaign Center

PFR deposits donations in NFP controlled account

Outreach Calling

PFR deposits donations in NFP controlled account

Preferred Community Services

PFR deposits donations in NFP controlled account

Capital District Callers

PFR deposits donations in NFP controlled account

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Lino's

PFR deposits donations in NFP controlled account

Debbie Lopez

PFR deposits donations in NFP controlled account

Ron Doddy &amp; Associates

PFR deposits donations in NFP controlled account

Jadent, Inc.

PFR deposits donations in NFP controlled account

Douglas L. Schipper

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**PFR deposits donations in NFP controlled account**

**Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation**  
**Newport Creative Consulting**  
**PFR sends mailers & NFP is charged by expense**

**The Campaign Center**  
**PFR charges a % of receipts**

**Outreach Calling**  
**PFR charges a % of receipts**

**Preferred Community Services**

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**PFR charges a % of receipts**

**Capital District Callers**  
**PFR charges a % of receipts**

**Lino's**  
**PFR charges a % of receipts**

**Debbie Lopez**  
**PFR charges a % of receipts**

**Ron Doddy & Associates**  
**PFR charges a % of receipts**

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Jadent, Inc.

PFR charges a % of receipts

Douglas L. Schipper

PFR charges a % of receipts



**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open To Public  
Inspection

Employer identification number

**Defeat Diabetes Foundation, Inc.****59-3027985****Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year  
under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Andrew P. Mandell										
(1) Working Capital	X		50,000	50,000		X	X		X	
Jerald Y. Mandell										
(2) Working capital	X		50,000	50,000		X	X		X	
Jerald Y. Mandell										
(3) Working capital	X		25,000	25,000		X	X		X	
Jerald Y. Mandell										
(4) Working capital	X		25,000	25,000		X	X		X	
Andrew P. Mandell										
(5) Working capital	X		25,000	25,000		X	X		X	
Andrew P. Mandell										
(6) Working capital	X		20,000	20,000		X	X		X	
Andrew P. Mandell										
(7) Working capital	X		17,500	17,500		X	X		X	
Jerald Y. Mandell										
(8) Working capital	X		12,500	12,500		X	X		X	
Jerald Y. Mandell										
(9) Working capital	X		10,000	10,000		X	X		X	
(10)										
<b>Total</b>				▶ \$ 431,000						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 10,000 \$ 10,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 10,000 \$ 10,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Jerald Y. Mandell To \$ 10,000 \$ 10,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 10,000 \$ 10,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Jerald Y. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Jerald Y. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Jerald Y. Mandell To \$ 5,000 \$ 5,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

Working capital

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 5,000 \$ 5,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 3,000 \$ 3,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 3,000 \$ 3,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 2,000 \$ 2,000

**Working capital**

( ) In default (X) Approved by board/committee (X) Written agreement

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 2,000 \$ 2,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Andrew P. Mandell To \$ 2,000 \$ 2,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

Jerald Y. Mandell To \$ 2,000 \$ 2,000

Working capital

( ) In default (X) Approved by board/committee (X) Written agreement

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2010****Open To Public  
Inspection**

Name of the organization

**Defeat Diabetes Foundation, Inc.**Employer identification number  
**59-3027985****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<b>X</b>	<b>1</b>	<b>4,000</b>	<b>Exchange value @ donation</b>
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	<b>X</b>	<b>2</b>	<b>1,328,173</b>	<b>Retail Prices</b>
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a	<b>X</b>	
33		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**Part I, Line 32b - Third Party Used to Process Noncash Contributions**

Charity Services International, Fort Mill, SC: An outsourced gifts-in-kind service provider that functions like an in-house gifts-in-kind department. We provide all the same services as if we were employed by the charity and function as a complete turn-key service provider enabling the charitable partners to receive donated goods as well as utilizing donated goods as a program service to help accomplish the NFP's mission.

Various third party brokers sell donated vehicles and timeshare units and remit a portion of the proceeds to the Organization. The Organization never holds title to the donated property.



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
Inspection**Defeat Diabetes Foundation, Inc.**Employer identification number  
**59-3027985****Form 990, Part VI, Line 2 - Related Party Information Among Officers****Andrew P. Mandell****President****Brothers****Jerald Y. Mandell****Treasurer****Andrew/Jerald Mandell****Pres/Treas****Sister****Lisa Rasolt****Employee****Andrew/Jerald Mandell****Pres/Treas****Nephew****Daniel Rasolt****Sub****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The Form 990 & 990-T are reviewed by the Treasurer upon completion. Prior to filing, the return is distributed to all Board Members through the internet.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Officers, Directors & Key Employees must sign a conflict of interest disclosure annually.

**Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed**

Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Mississippi, North Carolina, North Dakota, New Hampshire, New Jersey,

Name of the organization

Defeat Diabetes Foundation, Inc.

Employer identification number

59-3027985

New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island,  
South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin,  
West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available to public upon request.

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2010**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**Defeat Diabetes Foundation, Inc.**

Identifying number

**59-3027985**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>17,193</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	<b>17,193</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

Name

Employer Identification Number

**Defeat Diabetes Foundation, Inc.****59-3027985****Form 990, Part X, Line 22 - Additional Information**

Name of lender	Title
(1) <b>Andrew P. Mandell</b>	<b>President</b>
(2) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(3) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(4) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(5) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(6) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(7) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(8) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(9) <b>Andrew P. Mandell</b>	<b>President</b>
(10) <b>Andrew P. Mandell</b>	<b>President</b>

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>50,000</b>	<b>06/04/04</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(2) <b>12,500</b>	<b>05/25/04</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(3) <b>25,000</b>	<b>11/01/04</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(4) <b>50,000</b>	<b>05/02/05</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(5) <b>25,000</b>	<b>05/01/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(6) <b>10,000</b>	<b>06/09/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(7) <b>10,000</b>	<b>08/01/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(8) <b>5,000</b>	<b>08/24/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(9) <b>5,000</b>	<b>09/28/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>
(10) <b>25,000</b>	<b>10/13/06</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.800</b>

Security provided by borrower	Purpose of loan
(1) <b>All Property</b>	<b>Working Capital</b>
(2) <b>All property</b>	<b>Working capital</b>
(3) <b>All property</b>	<b>Working capital</b>
(4) <b>All property</b>	<b>Working capital</b>
(5) <b>All property</b>	<b>Working capital</b>
(6) <b>All property</b>	<b>Working capital</b>
(7) <b>All property</b>	<b>Working capital</b>
(8) <b>All property</b>	<b>Working capital</b>
(9) <b>All property</b>	<b>Working capital</b>
(10) <b>All property</b>	<b>Working capital</b>

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>None</b>	<b>50,000</b>	<b>50,000</b>
(2) <b>None</b>	<b>12,500</b>	<b>12,500</b>
(3) <b>None</b>	<b>25,000</b>	<b>25,000</b>
(4) <b>None</b>	<b>50,000</b>	<b>50,000</b>
(5) <b>None</b>	<b>25,000</b>	<b>25,000</b>
(6) <b>None</b>	<b>10,000</b>	<b>10,000</b>
(7) <b>None</b>	<b>10,000</b>	<b>10,000</b>
(8) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(9) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(10) <b>None</b>	<b>25,000</b>	<b>25,000</b>
<b>Totals</b>	<b>217,500</b>	<b>217,500</b>

Forms  
**990 / 990-PF**

**Loans from Officers, Directors, Trustees, and  
Key Employees or Other Disqualified Persons**

**2010**

For calendar year 2010, or tax year beginning

, and ending

Name

Employer Identification Number

**Defeat Diabetes Foundation, Inc.**

**59-3027985**

**Form 990, Part X, Line 22 - Additional Information**

Name of lender	Title
(1) Andrew P. Mandell	President
(2) Andrew P. Mandell	President
(3) Andrew P. Mandell	President
(4) Andrew P. Mandell	President
(5) Andrew P. Mandell	President
(6) Andrew P. Mandell	President
(7) Andrew P. Mandell	President
(8) Andrew P. Mandell	President
(9) Andrew P. Mandell	President
(10) Andrew P. Mandell	President

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 20,000	11/01/06	12/31/10	As available	2.800
(2) 10,000	01/08/07	12/31/10	As available	2.800
(3) 10,000	02/01/07	12/31/10	As available	2.800
(4) 10,000	03/20/07	12/31/10	As available	2.800
(5) 5,000	06/22/07	12/31/10	As available	2.800
(6) 10,000	08/31/07	12/31/10	As available	2.800
(7) 17,500	11/21/07	12/31/10	As available	2.800
(8) 10,000	12/14/07	12/31/10	As available	2.800
(9) 5,000	12/18/07	12/31/10	As available	2.800
(10) 10,000	01/14/08	12/31/10	As available	3.180

Security provided by borrower	Purpose of loan
(1) All property	Working capital
(2) All property	Working capital
(3) All property	Working capital
(4) All property	Working capital
(5) All property	Working capital
(6) All property	Working capital
(7) All property	Working capital
(8) All property	Working capital
(9) All property	Working capital
(10) All property	Working capital

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	20,000	20,000
(2) None	10,000	10,000
(3) None	10,000	10,000
(4) None	10,000	10,000
(5) None	5,000	5,000
(6) None	10,000	10,000
(7) None	17,500	17,500
(8) None	10,000	10,000
(9) None	5,000	5,000
(10) None	10,000	10,000
Totals	107,500	107,500

Forms  
**990 / 990-PF**

**Loans from Officers, Directors, Trustees, and  
Key Employees or Other Disqualified Persons**

**2010**

For calendar year 2010, or tax year beginning

, and ending

Name

Employer Identification Number

**Defeat Diabetes Foundation, Inc.**

**59-3027985**

**Form 990, Part X, Line 22 - Additional Information**

Name of lender	Title
(1) <b>Andrew P. Mandell</b>	<b>President</b>
(2) <b>Andrew P. Mandell</b>	<b>President</b>
(3) <b>Andrew P. Mandell</b>	<b>President</b>
(4) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(5) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(6) <b>Andrew P. Mandell</b>	<b>President</b>
(7) <b>Andrew P. Mandell</b>	<b>President</b>
(8) <b>Andrew P. Mandell</b>	<b>President</b>
(9) <b>Andrew P. Mandell</b>	<b>President</b>
(10) <b>Andrew P. Mandell</b>	<b>President</b>

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>10,000</b>	<b>01/29/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.180</b>
(2) <b>10,000</b>	<b>02/14/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.110</b>
(3) <b>5,000</b>	<b>03/23/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.250</b>
(4) <b>10,000</b>	<b>03/28/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.250</b>
(5) <b>5,000</b>	<b>05/16/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.640</b>
(6) <b>3,000</b>	<b>05/19/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.640</b>
(7) <b>2,000</b>	<b>05/21/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.640</b>
(8) <b>5,000</b>	<b>07/09/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.420</b>
(9) <b>5,000</b>	<b>07/18/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.420</b>
(10) <b>5,000</b>	<b>08/13/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.540</b>

Security provided by borrower	Purpose of loan
(1) <b>All property</b>	<b>Working capital</b>
(2) <b>All property</b>	<b>Working capital</b>
(3) <b>All property</b>	<b>Working capital</b>
(4) <b>All property</b>	<b>Working capital</b>
(5) <b>All property</b>	<b>Working capital</b>
(6) <b>All property</b>	<b>Working capital</b>
(7) <b>All property</b>	<b>Working capital</b>
(8) <b>All property</b>	<b>Working capital</b>
(9) <b>All property</b>	<b>Working capital</b>
(10) <b>All property</b>	<b>Working capital</b>

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>None</b>	<b>10,000</b>	<b>10,000</b>
(2) <b>None</b>	<b>10,000</b>	<b>10,000</b>
(3) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(4) <b>None</b>	<b>10,000</b>	<b>10,000</b>
(5) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(6) <b>None</b>	<b>3,000</b>	<b>3,000</b>
(7) <b>None</b>	<b>2,000</b>	<b>2,000</b>
(8) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(9) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(10) <b>None</b>	<b>5,000</b>	<b>5,000</b>
<b>Totals</b>	<b>60,000</b>	<b>60,000</b>

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Forms <b>990 / 990-PF</b>	<b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b>	<b>2010</b>
For calendar year 2010, or tax year beginning , and ending		

Name  <b>Defeat Diabetes Foundation, Inc.</b>	Employer Identification Number  <b>59-3027985</b>
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**Form 990, Part X, Line 22 - Additional Information**

Name of lender	Title
(1) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(2) <b>Andrew P. Mandell</b>	<b>President</b>
(3) <b>Andrew P. Mandell</b>	<b>President</b>
(4) <b>Andrew P. Mandell</b>	<b>President</b>
(5) <b>Andrew P. Mandell</b>	<b>President</b>
(6) <b>Andrew P. Mandell</b>	<b>President</b>
(7) <b>Andrew P. Mandell</b>	<b>President</b>
(8) <b>Andrew P. Mandell</b>	<b>President</b>
(9) <b>Andrew P. Mandell</b>	<b>President</b>
(10) <b>Jerald Y. Mandell</b>	<b>Treasurer</b>

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>5,000</b>	<b>08/18/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.540</b>
(2) <b>5,000</b>	<b>09/12/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>2.380</b>
(3) <b>5,000</b>	<b>11/14/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.630</b>
(4) <b>3,000</b>	<b>11/21/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.630</b>
(5) <b>2,000</b>	<b>12/05/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.360</b>
(6) <b>5,000</b>	<b>12/19/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.360</b>
(7) <b>2,000</b>	<b>12/23/08</b>	<b>12/31/10</b>	<b>As available</b>	<b>1.360</b>
(8) <b>5,000</b>	<b>01/13/09</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.000</b>
(9) <b>2,000</b>	<b>02/12/09</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.000</b>
(10) <b>10,000</b>	<b>04/01/09</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.000</b>

Security provided by borrower	Purpose of loan
(1) <b>All property</b>	<b>Working capital</b>
(2) <b>All property</b>	<b>Working capital</b>
(3) <b>All property</b>	<b>Working capital</b>
(4) <b>All property</b>	<b>Working capital</b>
(5) <b>All property</b>	<b>Working capital</b>
(6) <b>All property</b>	<b>Working capital</b>
(7) <b>All property</b>	<b>Working capital</b>
(8) <b>All property</b>	<b>Working capital</b>
(9) <b>All property</b>	<b>Working capital</b>
(10) <b>All property</b>	<b>Working capital</b>

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(2) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(3) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(4) <b>None</b>	<b>3,000</b>	<b>3,000</b>
(5) <b>None</b>	<b>2,000</b>	<b>2,000</b>
(6) <b>None</b>	<b>5,000</b>	<b>5,000</b>
(7) <b>None</b>	<b>2,000</b>	<b>2,000</b>
(8)	<b>5,000</b>	<b>5,000</b>
(9)	<b>2,000</b>	<b>2,000</b>
(10)	<b>10,000</b>	<b>10,000</b>
<b>Totals</b>	<b>44,000</b>	<b>44,000</b>

Forms <b>990 / 990-PF</b>	<b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b>	<b>2010</b>
For calendar year 2010, or tax year beginning , and ending		

Name  <b>Defeat Diabetes Foundation, Inc.</b>	Employer Identification Number  <b>59-3027985</b>
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**Form 990, Part X, Line 22 - Additional Information**

	Name of lender	Title
(1)	<b>Jerald Y. Mandell</b>	<b>Treasurer</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	<b>2,000</b>	<b>07/20/09</b>	<b>12/31/10</b>	<b>As available</b>	<b>3.000</b>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	<b>All property</b>	<b>Working capital</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>2,000</b>	<b>2,000</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>2,000</b>	<b>2,000</b>



Forms  
990 / 990-PF

## Mortgages and Other Notes Payable

2010

For calendar year 2010, or tax year beginning

, and ending

Name

Employer Identification Number

Defeat Diabetes Foundation, Inc.

59-3027985

## Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) Lisa Mandell Rasolt	Sister of Officers
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 10,000	09/18/08	12/31/10	As available	2.380
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	Working capital
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) None	10,000	10,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	10,000	10,000

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions	<b>Defeat Diabetes Foundation, Inc.</b>	<b>59-3027985</b>
	Number, street, and room or suite no. If a P.O. box, see instructions	
	<b>150-153rd Avenue 300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>Madeira Beach FL 33708</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Jerald Y. Mandell****150-153rd Avenue, Suite 300**

- The books are in the care of ►
- Madeira Beach**

**FL 33708**Telephone No ► **727-391-5050**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box
- ☐
- If it is for part of the group, check this box
- ☐
- and attach

a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **11/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2010** or
- ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions